

City of Santa Fe, New Mexico

CERTIFICATE OF APPROVED USE

Date _____

☐ VENDORS ☐ HOME OCCUPANCIES ☐ SPECIAL EVENTS

Phone _____

Owner/Occupant _____ Type of Business _____

Business Address _____ Suite # _____ DBA _____

Requested By (print) _____ Fire Inspection No. _____

Zoning Division

☐ Approved

Date _____

☐ Denied

☐ Not Applicable

By _____

Recommendations _____

Fire Prevention Bureau

☐ Approved

Date _____

☐ Denied

☐ Not Applicable

By _____

Recommendations _____

Building Inspections Division

☐ Approved

Date _____

☐ Denied

☐ Not Applicable

By _____

Recommendations _____

APPLICANT'S SIGNATURE _____